MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017057
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. _____ Registrar's No. 143

FILED MAY 1 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0800
2 0800
3
4 1
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7 0
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9 4200
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12 90-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sedalia
Length of stay in 1b: years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rt. 1
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Elizabeth Middle: Walker Last:

4. DATE OF DEATH: Month, Day, Year: April 26, 1963

5. SEX: female

6. COLOR OR RACE: caucasian

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10/15/77

9. AGE (last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Russellville, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Griffin Amos

13b. MOTHER'S MAIDEN NAME: Susan Sneed

14. NAME OF HUSBAND OR WIFE: Gilbert Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Gilbert Walker Address: Sedalia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ASHD.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 1 week

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cholecystitis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year:

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955 to 4/26/63 and last saw her/him alive on 4/25/63
Death occurred at 10:30 Pm. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Alvin L Fowler MD

22b. ADDRESS: Sedalia Mo

22c. DATE SIGNED: 4/29/63

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 4/29/63

23c. NAME OF CEMETERY OR CREMATORY: Eldon

23d. LOCATION (City, town, or county) (State): Eldon Missouri

24. FUNERAL DIRECTOR ADDRESS: Phillips Funeral Home, Eldon, Mo.

25. DATE RECD. BY LOCAL REG.: April 28, 1963

26. REGISTRAR'S SIGNATURE: Frances Shelby per N. Anderson

(Licensed Embalmer's Statement on Reverse Side)

JA 9 1967

OCT 15 1963

JAN 7 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Dan E. Phillips

Signature of Student Embalmer

Licensed Embalmer No. 5108

P. O. Address Colon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.